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Five capabilities
required for health plan interoperability

Introduction

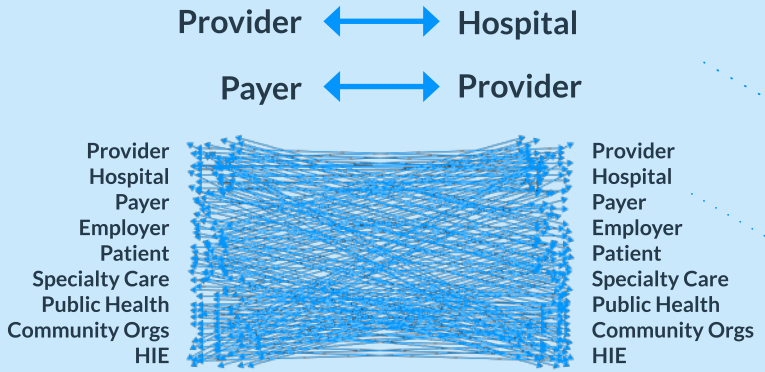
Healthcare industry leaders have recognized interoperability as one of the most critical objectives for health plans. The ability to access, exchange, and integrate data across systems is no longer a luxury. It improves patient outcomes, delivers frictionless member and provider experiences, and is the key to staying competitive.

However, interoperability is becoming more complex daily, creating new challenges for health plans. There are vast amounts of structured and unstructured data from various sources to manage and sorting out which take precedence in a patient record is too much for most solutions to manage. And then ensuring security and compliance.

Different information systems, devices, and applications need to access, exchange and cooperatively use data in a coordinated way across organizational, regional, and national boundaries. This collaboration ensures timely and seamless health information portability, ultimately optimizing care for individuals and populations.

In healthcare, this involves integrating structured and unstructured data from various sources—medical records, wearable devices, labs, and more. However, the complexity of healthcare data exchange has increased, with multiple use cases and data types that never existed before, adding layers of difficulty to achieving interoperability.

Interoperability has become more complex.



Five capabilities required for health plan interoperability

As a result of the ever-growing complexities, frictionless experiences for providers and members demand proactive frameworks. Health plans can channel these efforts by implementing systems that address five core capabilities: rapid data onboarding, precision matching, efficient data conflict resolution, accurate communication and consent management, and real-time access. These capabilities ensure that data is processed accurately, securely, and in a way that promotes better outcomes, operational efficiency, and improved member experiences.

1. Rapid data onboarding

Health plans are bombarded by a constant influx of data from various sources, including internal systems, external partners, and third-party vendors. This data is often delivered in multiple formats and structures, such as HL7, XML, and FHIR, making the onboarding process complex. The key to managing this influx efficiently lies in a system's ability to handle not just data ingestion, but also transformation, interpretation, and distribution across different systems.

Due to the tsunami of data they're dealing with, onboarding rapidly without bottlenecks is critical for maintaining operational efficiency and meeting regulatory standards. It calls for:

- **Ingestion:** The speed and method of data ingestion, where new data can be rapidly assimilated without causing bottlenecks.
- **Transformation and Translation:** The ability to automatically transform data from different formats (such as HL7 to XML) and translate identifiers like medical record numbers into member IDs, ensuring data is structured properly.
- **Quality Assurance:** Ensuring that the data being onboarded is accurate and of high quality, including checking for provenance and deduplication.

The solution must be capable of rapidly onboarding new data sources without needing custom development and flexible enough to handle legacy formats and new APIs to support an evolving data ecosystem. Controls must prevent overwriting or duplicating existing data, powered by high levels of automation that reduce the need for manual oversight, enabling health plans to process vast amounts of data at scale.

Optimizing data onboarding processes means the health plan can reduce the time it takes to integrate new data sources, respond more quickly to changes in the landscape, and ensure data integrity from the outset.

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Rapid data onboarding

2. Accurate matching, linking, and attribution

Despite improvements in data exchange and increasing movement toward standardization, one of the biggest challenges in healthcare data management remains ensuring that the data collected is accurately matched to the correct person, provider, or event. Misattributions or mismatches can lead to serious consequences such as care gaps, duplicated efforts, and inflated operational costs.

Precision matching ensures that the right data is linked to the right individual, even when some key identifiers are missing or incomplete. This is crucial for improving the quality of care, enhancing member satisfaction, and reducing unnecessary administrative overhead.

We know that poor data quality results in poor member and provider experience, higher costs, care and service gaps, and compliance risks. This underscores the importance of advanced matching techniques, such as Verato's proprietary Referential Matching™, which can accurately distinguish between records even in cases of ambiguous or missing data. This technology, and other complementary offerings, elevate the impact:

- **Advanced techniques that prevent false positives** (e.g., misidentifying twins or family members as the same person) and false negatives (e.g., failing to match individuals with incomplete or inconsistent information).
- **Cross-referencing** links data across different systems, ensuring a unified record of the individual.
- **Automated matching processes** that provide complete visibility enable health plans to adjust when needed.
- **Prevention of data overlays** ensures that data isn't overwritten or duplicated across systems.

Precision matching is critical for reducing data errors and improving the overall member experience by ensuring accurate and complete records.

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Accurate matching, linking, and attribution

3. Data conflict remediation and resolution

Conflicting data is a common problem when multiple sources contribute to a single dataset. These conflicts may arise from discrepancies in member information, outdated records, or different formats and standards. The ability to efficiently resolve these conflicts—by determining the most accurate, trusted version of the data—is essential for maintaining high-quality records and ensuring that the data being used is reliable.

Health plans must assess the pedigree and context of the data to resolve conflicts effectively. Better yet, systems must be able to automatically reconcile conflicting information, such as differing addresses or contact information for a single member, without requiring extensive manual intervention. Here's how:

- **Automated conflict resolution:** Systems capable of resolving data conflicts at scale, using data provenance and context to determine the most accurate data version.
- **Context-driven decisions:** Recognizing that different departments or users may need different versions of the data (e.g., the call center versus the data intelligence platform).
- **Mission-critical data:** Systems must differentiate between mission-critical data that impacts patient care and non-mission-critical data.
- **Visibility and traceability:** Ensuring that the source and lineage of both original and reconciled data are visible so users can trust the system's decisions.

By resolving data conflicts efficiently, health plans can ensure that every stakeholder—whether it's a care coordinator or a call center agent—has access to accurate, up-to-date information.

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Data conflict remidiation and resolution

4. Accurate communication, consent, and preference information

Interoperability goes beyond clinical data exchange. Health plans also manage communication preferences, consent, and other demographic information to facilitate personalized interactions between members, providers, and the organization. This includes managing consent for data sharing, communication preferences (e.g., email, text, phone), and incorporating social determinants of health (SDOH) to create a more comprehensive view of the member.

Members expect health plans to know who they are, how they interact with your company, and how they want to be communicated with. This requires health plans to unify communication preferences across the enterprise while maintaining compliance with consent regulations like HIPAA. Important options include:

- **Unified Consent Management:** Systems that unify consent and communication preferences across all channels and departments.
- **360-Degree View:** Leveraging internal, external, and third-party data sources to build a complete view of the member or provider.
- **Dynamic Updates:** Ensuring that preferences are kept up to date and continuously enriched through advanced analytics and predictive models.
- **Searchable Data:** Enabling easy access to consent and preference data for segmentation and targeting.

Accurate communication and consent management are vital for improving member engagement and ensuring compliance with increasingly stringent data privacy laws.

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4 Accurate communication, consent, and preference information

5. Always on, real time, self-service enabled

The future of healthcare data exchange lies in real-time, self-service systems that empower members, providers, and knowledge workers alike. Gone are the days of batch processing and retrospective data access. Members now expect to interact with their health plans in real-time, whether updating their personal information, accessing health records, or scheduling appointments. Health plans that offer real-time access can create a more proactive, engaging, and frictionless member experience.

There has been a definite shift from batch to real-time, reactive to proactive, and siloed to open systems, highlighting the importance of offering an always-on system where data is accessible anytime and across any device. This calls for:

- Fully synchronous systems offering real-time data access and updates and enabling members and providers to interact with health plans instantly.
- Scalable and resilient systems that are robust enough to handle high volumes of traffic and be available 24/7.
- Automation that makes minimal manual intervention necessary to ensure data is updated and available in real time.
- User-friendly intuitive interfaces that empower users, from members to knowledge workers, to interact with the system efficiently.

Health plans can foster a more engaged, informed, and satisfied member base by providing real-time, self-service access while streamlining internal operations. These capabilities will help reduce operational inefficiencies, improve care quality, and create seamless experiences in a fast-evolving healthcare ecosystem.

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Always on, real time, self-service enabled

Enable interoperability with Verato

Verato's next-generation and purpose-built healthcare master data management (hMDM) platform can help your organization exceed its interoperability goals, deliver better outcomes for patients and members today, and scales to meet the emerging demands of tomorrow.

The Verato hMDM in a nutshell:

- Fully synchronous systems offering real-time data access and updates and enabling members and providers to interact with health plans instantly.
- Scalable and resilient systems that are robust enough to handle high volumes of traffic and be available 24/7.
- Automation that makes minimal manual intervention necessary to ensure data is updated and available in real time.
- User-friendly intuitive interfaces that empower users, from members to knowledge workers, to interact with the system efficiently.

Schedule a demo and discover how to achieve seamless interoperability with accurate member and provider identification. Schedule a demo and discover how to achieve seamless interoperability with accurate member and provider identification.

Verato enables digital engagement, clinical interoperability, cloud transformation, and provider data integrity by solving the problem that drives everything else — knowing who is who.

The Verato hMDM platform, the industry's first purpose-built healthcare master data management solution, enables a complete and trusted 360-degree view of patients, consumers, members, providers, and communities. Over 90 of the most respected brands in healthcare rely on Verato to connect, identify, enrich, manage, and activate person and provider data across the complex digital health ecosystem with unprecedented accuracy, ease, and time-to-value. With a secure enterprise-wide single source of truth for identity, Verato ensures that you get identity right from the start.

For more information, visit verato.com.

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Knowing who is who™